

**MORBIDITY REPORTS**

REPORT NAME	REPORT #	FREQUENCY					DISEASE						SIZE		COUNTIES
		W	M	Q	S	A	S	G	C	H	N	P	W	N	
Morbidity By County	M-001	X	X			X	X	X	X	X	X	X	X		All
CDC Morbidity Report (73.688)	M-002/102		X	X	X	X	X	X	X	X	X	X	X		5 (or select)
Reported Cases By Source/Age/Ethnic/Sex	M-003/103			X	✗	X	X	X	X	X	X	X	X		5 (or select)
Reported Cases By Source/Ethnic/Sex/Site of Infection	M-004/104			X	✗	X		X	X				X		5 (or select)
Reported Cases/Percent By Provider/Race/Ethnic	M-005/105			X	✗	X		X	X				X		5 (or select)
Reported Cases/Percent By Provider/Age	M-006/106			X	✗	X		X	X				X		5 (or select)
Reported Cases of GC/Syphilis/CT By Provider Type	M-007/107			X	✗	X	X	X	X				X		5 (or select)
Reported Cases By County/Individual Provider	M-008/108			✗		X	X	X	X	X	X	X		X	All (or select)
Reported Cases By Census Tract/County/Disease/Sex	M-009					X	X	X	X	X	X	X	X		All
Gonorrhea Treatment By County/Regimen	M-010/110			X	✗	X		X					X		All
Chlamydia Treatment By County/Regimen	M-011/110			X	✗	X			X				X		All
Reported Cases of Chlamydia By Age/Sex/Asymp DX	M-012/112			X	✗	X			X				X		King (or slct)
Reported Cases By County of Diagnosis/Disease/Sex	M-013					X	X	X	X	X	X	X	X		6
Disease Tally By County/Month (Enter date: Jan. - current month)	M-014	**Run last	X				X	X	X	X	X	X		X	All
Monthly Surveillance of Early Syphilis/PPNG	M-015		X				X	X						X	All
Reported Cases of GC By Report Source/Sex/Dx Category	M-016					X		X					X		All
Reported Cases of CT By Report Source/Sex/Dx Category	M-017					X			X				X		All
Reported Cases By Disease/Age/Sex	M-018/118					X	X	X	X	X	X	X	X		All (or select)
Reported Cases of Dual Infection By Disease/Age/Ethnic/Sex	M-019/119			X	✗	X		X	X				X		5 (or select)
Reported Cases of Dual Infection By Source/Age/Ethnic/Sex	M-020/120			X	✗	X		X	X				X		5 (or select)
Reported Cases By Disease/Reason for Exam/Sex	M-021/121			X	✗	X	X	X	X	X	X	X	X		5 (or select)
Reported Cases of Repeater Infection By County/Patient (Enter year to year)	M-022 *MH22	**Run last	X					X	X				X		All
Reported Cases By County/Provider/Selected STDs	M-023/123			✗	✗	X	X	X	X			X	X		All (or select)
Reported Cases of Gonorrhea/Early Syphilis/Chlamydia	M-024/124			X	✗	X	X	X	X	X	X	X	X		5 (or select)
Reported Cases Per Facility Type By County	M-025					X	X	X	X	X	X	X	X		All
Reported Gonorrhea Cases Per Facility Type By County	M-026/126					X		X					X		All
Reported Chlamydia Cases Per Facility Type By County	M-027/127					X			X				X		All
Reported Early Syphilis Cases Per Facility Type By County	M-028					X	X						X		All
Reported Cases By Disease/Age/Sex /County Under Age 20	M-029					X	X	X	X	X	X	X	X		All
Selected Gonorrhea Treatment By County/Patient/Provider	M-030			X		X		X					X		All
Military Provider Report By County - All Counties	M-031					X		X	X	X	X	X	X		All
Morbidity Cases By County/Zip/Disease/Sex	M-032/132			X		X	X	X	X	X	X	X	X		All
Contributing Provider Labels (Labels)	M-033	As Needed					X	X	X	X	X	X	X		All
Case Comparisons with Prior Year	M-034					X	X	X	X	X	X	X		X	WA State

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		W	M	Q	S	A	S	G	C	H	N	P	W	N	
Repeater Report (Year-end Totals)	M-037					X	X	X	X	X	X	X		X	All
Provider List By Agency Types	M-038					X	X	X	X	X	X	X		X	All
Monthly Morbidity Summary	M-039		X				X	X	X	X	X	X		X	All
Disease Comparison to Previous Year (Enter date: Jan. – current month)	M-040/140	**Run last	X				X	X	X	X	X	X		X	5 (or select)
Chlamydia Rx Timespan	M-041					X			X					X	All
Gonorrhea Rx Timespan	M-042					X		X						X	All
Chlamydia Rx Timespan By Provider Type	M-043					X			X					X	All
Gonorrhea Rx Timespan By Provider Type	M-044					X		X						X	All
Chlamydia Provider Listed Timespan	M-045					X			X					X	All
Gonorrhea Provider Listed Timespan	M-046					X		X						X	All
PID By Source/Age/Ethnic/Sex	M-047					X		X	X			X	X		5
PID By Provider Type	M-048/148					X		X	X			X	X		5
Morbidity Providers Type/Alphabetic	M-049					X							X		All
Chlamydia Rx By County/Regimen (Family Planning)	M-050				X	X			X						All
Chlamydia Morbidity By Quarter	M-051			X					X					X	All
Gonorrhea Morbidity By Quarter	M-052			X				X						X	All
Chlamydia RX (Ct Project Sites)	M-053								X						
Male Rectal Gonorrhea RX	M-054					X		X						X	ALL
Partner Rx By County and Provider Type	M-055					X		X	X				X		ALL
Syphilis Elimination Project	M-056		X												
Providers not Reporting Age/*M-153 prints with patient names	M-135/*153	Upon request					X	X	X	X	X	X	X		All
Providers not Reporting Race/*M-154 prints with patient names	M-136/*154	Upon request					X	X	X	X	X	X	X		All
Providers Not Reporting Address/*M-151 prints with patient names	M-155/*151	Upon request				✗									All
Cases Without Rx Indicated/*M-152 prints with patient names	M-156/*152	Upon request				✗									All
Disease/Age/Sex By Individual Provider	M157	Upon request				✗	X	X	X	X	X	X	X		All

### DIS REPORTS

REPORT NAME	REPORT #	FREQUENCY					DISEASE						SIZE		COUNTIES
		W	M	Q	S	A	S	G	C	H	N	P	W	N	
DIS-Summary of Intercity Gonorrhea Interviews	REP-D001			X	✗	X		X						X	King-Pierce
DIS-Summary of Intercity Chlamydia Interviews	REP-D002			X	✗	X			X					X	King-Pierce
DIS-Summary of Early Syphilis Epidemiology Activity	REP-D003			X	✗	X	X						X		King-Pierce
DIS-Surveillance for STD Activity - Whole State	REP-D004			✗	✗	X	X	X	X	X	X	X	X		All
DIS-Surveillance for STD Activity - By County	REP-D005			✗	✗	X	X	X	X	X	X	X	X		All
DIS-Surveillance for STD Activity - By Program Area	REP-D006			✗	✗	X	X	X	X	X	X	X	X		All
DIS-Surveillance for STD Activity - By Worker	REP-D007			✗	✗	X	X	X	X	X	X	X	X		All
Summary Gonorrhea Interviews – Pick Provider	REP-D008	Upon request				X		X							All
Summary Chlamydia Interviews – Pick Provider	REP-D009	Upon request				X		X							All
Summary Gonorrhea Interviews – Pick Worker	REP-D010	Upon request				X		X						X	All
Summary Chlamydia Interviews – Pick Worker	REP-D011	Upon request				X			X					X	All

### SYPHILIS REGISTRY REPORTS

REPORT NAME	REPORT #	FREQUENCY					DISEASE						SIZE		COUNTIES
		W	M	Q	S	A	S	G	C	H	N	P	W	N	
Syphilis Laboratory Slip Closures	REP-S001			X		X	X							X	
Open Disease Intervention Summary By Program Area	REP-S002	X	X				X						X		All
Submitting Laboratory Summary	REP-S003					X	X						X		All
Confirmatory Laboratory Summary	REP-S004					X	X						X		All
Prenatal/CFS Serology Summary	REP-S005					X	X						X		All
Treatment Timelines For New Syphilis Infection	REP-S006			✗		X	X						X		All